## MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET (FOR USE WITH FORM PTO-875)

SERIAL NO.

J)-5934/6

APPLICANTIS)

FILING DATE

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| -             | 90<br>91        |              |               | ·,           |               |                   |     |          |          | _      |              | -        |
| -             | 92              | <u></u>      | <del>- </del> |              |               |                   |     |          |          |        |              |          |
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